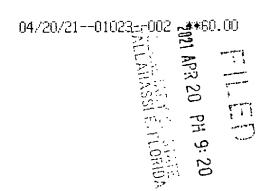
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COVER LETTER

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	American Sa	and Blasting LLC			
SUBJECT:	7		Name of Limited Liability Company		
The enclose	d Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please retur	n all correspor	ndence concerning this matter to	o the following:		
		Tracey L Smith			
			Name of Person		
		American Sand Blasting LI	.C		
		·	Firm/Company	<u></u>	
		424 Commercial Blvd.			
			Address		
		Naples, FL 34104			
		_			
				afication)	
		oncerning this matter, please ca			
Tracey L S	mith				
	Name of	Person	Area Code Daytir	ne Telephone Number	
Enclosed is	a check for th	e following amount:			
□ \$25.00	Filing Fee		——————————————————————————————————————	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
3.1	ailina Address		Street Address		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Sand Blasting LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) January 1, 2005 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L05000002715 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Frank Ciccolo	424 Commercial Blvd., Naples, LL 34104	
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m effective date is fisted, the date m	block does not meet the applicable statutor	(optional) ing or more than 90 days after filing.) Pursuant to 60 ry filing requirements, this date will not be lis)5.020 sted a
	tive date, but not an effective time, at 12:01	I a.m. on the earlier of: (b) The 90th day aft	er th
ecord specifies a delayed effect is filed.			
is filed. April 1	2021		
is filed. April 1	2021		
is filed.	2021		

Filing Fee: \$25.00